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ABSTRACT

This publication attempts to produce greater understanding of the complex problems of drug abuse and drug dependence. The major emphasis for prevention is through helping children develop to a healthy maturity. Section One discusses various approaches to drug education (scare and fear, matter-of-fact, styles of use and motives, society and continuum use, and alternatives to drug abuse). Section Two discusses motives for using mood-altering drugs (curiosity, imitation, peer pressure, well-being, instant achievement, relaxation, recreation, psychological support, rebellion, insight, etc.) Section Three discusses alternatives to drug abuse (meaningful relaxation, work and vocational skills, personal awareness, social-political involvement, etc.) The final section briefly discusses a program of family living courses as they should be presented to various grade levels in school. Appendices include a list of various drugs and stimulants, and a short glossary of relevant terms. (PFS)

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Alternatives to approach drug education

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Alternatives—
one approach to
drug education

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Foreword

One of the most crucial challenges we face in our country today is that of how we are to deal with drug use and abuse. Whether we are parents, educators, government officials or just concerned citizens, it is a matter for everyone's concern. In some way, however slight, we are all involved.

The material included in this publication has been carefully and cautiously researched—much of it through the personal experiences of the author. Just as there are many different types of drugs and drug users, so there are as many thoughts and theories to drug education and the problem of drug abuse.

This work is one such approach. As the title suggests, the author's vehicle for drug education against drug abuse is the concept of alternatives—doing something else instead of taking drugs. We do not hold that this particular concept or approach to drug education is the definitive answer to the nation's growing drug problem. We offer this thesis for information and resource purposes in an effort to stimulate further discussion leading to new ideas for dealing with this problem.

Lowell A. Burkett
AVA Executive Director

Preface

This booklet is the result of my interest in the major social problems of drug abuse and drug dependency. As a resident physician in Internal Medicine, I was first involved in treatment of alcohol and tobacco abusers. While serving in a free clinic, I was exposed to the problems of psychodysleptic amphetamine, barbiturate, opiate and tranquilizer abuse. During a postgraduate fellowship in Pulmonary Disease, my involvement was with managing drug overdose and opiate withdrawal patients.

During the five years covered by this period, there was a continuous evolution in my philosophy of drug abuse prevention. My approach to prevention through education went from stressing the dangers of drugs, to understanding the motives for drug use and finally to providing alternative forms of behavior.

Many adult and adolescent drug abusers shared their feelings about self-controlled drug use and helped me gain more understanding of the motives involved. From them, I also obtained more insight into the prerequisites for offering alternative behavior.

The philosophies and concepts presented in this booklet have been distilled and refined through the educational process known as "live and learn." My teachers have been the many who questioned the priorities and emphasis in so-called drug education. Their search for answers to complex questions forced me to examine in depth the factors underlying self-medication and drug abuse. Through their skepticism, I have been reminded frequently that there are no simple answers for or approaches to the prevention of any self-destructive behavior.

V. Alton Dohner

Contents

Foreword	1
Preface	2
I Introduction	5
II Motives for Mood-Altering Drug Use	10
III Alternatives to Drug Abuse	24
IV Drug Education	41
V Conclusion	50
Appendix A	53
Appendix B	55
Appendix C	56
Bibliography	61

I Introduction

The misuse and abuse of drugs by self-administration has become a major problem in our society. This problem extends into almost all age groups and into every economic, educational and social group. No geographic region can declare it does not have a drug-abuse problem, unless its people refuse to recognize the large and varied number of abusers and substances abused.*

Sir William Osler, the eminent Canadian physician and professor of medicine, once stated that the behavior that differentiates man from lower animals is that man seeks to take medicine. American television and other media provide constant reinforcement of such behavior. Advertising campaigns advise us there is no need to have headaches, backaches, upset stomachs, poor complexions, a runny nose or wet sinuses. We can avoid being sleepy, fatigued, restless, tense or anxious. We can be popular, successful or get promoted. All we need is the right pill. Or so the myth goes.

Television offers rudimentary, and often misleading, information about anatomy, physiology and pharmacology, and this data promotes self-medication. As a result, some form of drug taking has become an integral part of everyday life.

We have drugs to sedate, tranquilize, energize, or to produce any combination of these. We utilize them to seek happiness, tranquility, energy, or to escape from occur-

* See Appendix A, "Who Are Drug Abusers." Appendix B lists numerous substances used for mood alteration.

rences we wish to avoid. As Dr. J. C. Pollard has stated, ". . . drugs, with the exception of the ill-defined group referred to as 'dope,' are to be used readily to combat and correct any personal or physiological disturbance of equanimity. . . ." This is the myth surrounding drug use.

The recent surge of drug misuse and abuse among our youth is evidence, among other things, of insufficient instruction in handling interpersonal relationships and personal conflicts and frustrations. As our society becomes more complex and impersonal and as the amount of information to be absorbed and integrated enlarges, so the temptation to escape or find an easy out becomes more attractive to some adults and children. The use of drugs is a way of avoiding the pains and conflicts of living; a way of overcoming feelings of inadequacy, of futility, of being different; a way of belonging to a seemingly meaningful community; or, a way of rejecting a seemingly hostile, or impersonal society.

The misuse and abuse of drugs is also indicative of a lack of information or the presence of misinformation. Therefore, youth and adults need more scientific and factual—not emotion-laden—information concerning known effects and side-effects of the substances frequently used for alteration of mood. Even more important is to present the concept that certain amounts of anxiety and tension are normal and need not be abolished or handled chemically.

Historically, the cultural institutions that have been responsible for character development and for teaching children how to cope with reality have been the family, the community, the churches and the schools. Gradually, the family and the community have delegated more of their responsibility to the churches, and as the chuches' influence lessened, to the schools. Often, it seems that the schools are expected to assume the primary responsibility for providing the child with an education for living. However, with the loosening of cultural traditions and the lessening of family influence, the schools have fewer consistent guidelines for their increasing educational responsibilities. How then can schools develop truly educa-

tional programs about drug abuse and other risk-taking behavior?

Various Approaches to Drug Education

The goal of any drug education program should be to establish that the use of any potent substance is potentially dangerous and, therefore, drugs must be used responsibly. The corollary, then, would be the prevention of drug abuse and drug dependency.* An added bonus might be the alleviation of some existing drug dependency. How can we accomplish this goal and achieve these social benefits?

Scare and Fear—The traditional approach has been what can be called the "scare technique," which stresses known effects and side effects, plus suspected long and short-term effects. Case histories are used to show the hazards or consequences of drug taking. Injury, illness, death or "lost opportunities for the good life" are presented as inevitable results.

To be effective, this fear approach must include the most accurate statistics and research results available. The incidence of side effects must be discussed in relation to the incidence and frequency of use. The incidence of the most severe effects must be compared with the incidence of lesser side effects. Conjecture and quotes taken out of context should not be used.

Dr. Louise Richards has emphasized two pitfalls in presenting scare materials. These are the assumptions that "possibility equals probability" and "correlation equals cause." In the former, the assumption is that because some who have used a drug suffered from frightening results, then all who use it *will inevitably* experience the same consequences. The latter assumes that because one act—such as heroin use—has followed another—such as marijuana use—the earlier act produces the later one.

The recitation of horrors or myths as usual occurrences produces disrespect, the loss of credibility, and even experimentation. To avoid creating interest in drug use, the

. . . recitation of horrors or myths as usual occurrences produces disrespect, the loss of credibility . . . experimentation

* For definitions of these and other terms see Appendix C.

scare technique must be used judiciously. The material presented must be appropriate for the age and social background of the group. Included must be circumstances that are familiar but not so repulsive that reality is denied. Used intelligently to alert people to possible hazards, the scare and fear approach can be beneficial.

Matter-of-fact—Another technique is the matter-of-fact presentation of scientific facts with the admission that much of our knowledge is incomplete. These presentations should be many-sided with emphasis on presenting objective evidence and providing a logical basis for decisions. Therefore, facts and folklore need to be identified as such and then examined. Discussions should include personal and cultural preferences for certain drugs or drug effects. The social, political, legal and philosophical questions associated with use of the various agents also need to be explored. Opposing points of view must be presented and examined with the teacher attempting to remain objective and impartial. Users, ex-users and non-users can present and discuss their ideas about the various drugs before small groups in order to promote further understanding.

Styles of Use and Motives—A technique that is not used often enough is discussion of the styles of drug use and the motives involved. In discussing the styles of drug use, one must present several facts. Drug use may occur singly or as a group activity. The person may use only one drug or several different drugs. However, when different drugs are used, they may be used concurrently or at totally different times. The drugs may be used only once, occasionally or regularly. Regular use does not necessarily mean daily use or the use of large quantities. Any discussion of motives must include the fact that they are similar for adults and youths. Emphasis must be given to the fact that the majority of drug users are not irresponsible, disaffected, alienated or mentally ill. What should be stressed is that they are all attempting to alter the reality of their existence in one way or another. Motives are explored further in Section II, page 10.

Society and Continuum Use—To examine adolescent drug use as part of the continuum of drug use and abuse of the overall society is another approach. Drug misuse and

abuse are thus examined in relation to other types of pleasure seeking and risk taking behavior. Such an approach necessitates reviewing emotional and social development, personal and social value scales and development of healthy self-concepts.

Alternatives to Drug Abuse—An infrequently utilized approach is offering nonchemical alternatives to drug use and drug abuse. In the reams of material concerning drug abuse in our society, only three articles and two books whose titles stress alternative behavior can be found. Alternatives are mentioned in a few other articles but without sufficient amplification.

This last method is considered by the author to be the most promising. However, there is no reason, of course, that only one or the other of the techniques should be employed. Therefore, it is suggested that alternatives as a technique be used as a basis for a drug education program and the best elements of the other approaches mentioned here be used to complement it.

Since little attention has been directed to alternatives and because of the obvious validity of the concept, exploration of that approach will furnish the focus for this booklet.

But before we can deal with any method of education we must know why people abuse drugs.

II Motives for Mood-Altering Drug Use

Despite widespread concern about abuse of mood-altering drugs by adolescents, too few efforts have viewed this subject in proper context. Teenage drug use must be looked at as part of the continuum of drug use and abuse by our society overall. Additionally teenage drug use must be viewed in proper relationship to other types of gratification behavior and risk-taking behavior.

Following are some motives for using non-medical, mood-altering substances and, where applicable, they are compared to the motivation for other types of behavior. Most of these motives can be attributed to adults and adolescents alike. The motives presented here have been distilled from personal conversations with high school and college students, with people who come from varied backgrounds and abuse "dangerous" drugs, with alcoholics from lower- and middle-income groups, with amphetamine dependent adults and adolescents, and with sedative or tranquilizer dependent middle class housewives. These motives presented have been corroborated and supplemented by the motives found in the literature on drug abuse.

Why do people use drugs and other agents for mood alteration? Are they all withdrawing from reality? Are they all rebellious, immature or mentally ill? The answer is "no," and these broad generalizations offer insufficient explanations. Motives for drug use, as discussed here, are seen to be as varied as the agents used for mood alteration.

Curiosity

Many youngsters and adults try various mood-altering drugs because they want "to see what it is like." Curiosity is part of a normal healthy personality and is essential in developing a sense of identity and a set of personal values. In the quest for identity and even afterward, there is often the inclination to have an experience solely for the experience; to be able to say, "I did thus and so." Many 25-40 year old adults have tried marijuana and LSD just to determine for themselves whether these drugs are what either the adversaries or the advocates have claimed them to be. Others may engage in Russian roulette, drinking, malicious mischief, sexual experimentation, or petty thievery in their quest for experience.

Imitation

For decades, the value of conformity has been emphasized. Parents frequently asked their children why they weren't doing as other youngsters did. Now, they copy their peers by experimenting with drugs, sex, or new ways of perceiving, and they are said to be wrong.

Adults, of course, are also copied. As Peter Marin and Allan Cohen state in their book *Understanding Drug Use*: "Paradoxically, what appears to parents and youth as rebellion is in part an imitation of adults: a grotesque, unconscious mimicking of their patterns of distraction and escape." Thus, following their parents' examples, young people attempt to treat symptoms without examining the underlying, real problems. Consequently, they use mood-altering drugs to sidestep their feelings, to avoid strong emotions, or in an attempt to change or evade unpleasant situations. The result is a numb, detached calm and a dependence on the absence and evasion of sharp emotion. According to Marin and Cohen the pallid existence of their parents, which appalls the young, may then be inadvertently emulated.

Peer Pressure

Peer-group influence is a significant factor in many types of behavior for all ages and at all levels of society. One may be thought to be a "straight" or "square" for abstaining from alcohol at some social functions as well as for refusing marijuana, amphetamines or "pills" at others. The

real and imagined consequences of abstinence can be as threatening to adults as they are to some adolescents. Thus, the psychological reward of belonging or elevating one's status within a group may offset any fears or distaste for the activity involved. A similar effect of peer pressure is also seen in some forms of juvenile delinquency, truancy, malicious mischief and sexual experimentation.

More than half of a group of codeine dependent people interviewed identified curiosity and peer-group pressure as the reasons for their initial use of opiates. In combination, these two motives are probably the most common conscious factors for initial involvement with many mood-altering agents or activities.

Well-being

An obvious reason for much drug use is the desire for some nebulous state of optimal physical or mental well-being. Frequently, the individual cannot describe what he desires other than to say he wants to feel better or to feel good again. The person appears to believe there is a magic chemical with which he can obtain such a perfect condition. The hunt for such a chemical is centuries old.

Instant Achievement

With an emphasis in our society upon the rapid fulfillment of desires or needs, it is not surprising that some people want instant happiness. To paraphrase Dr. Konrad Lorenz who stated in a lecture in Denver—we have instant coffee, instant tea, instant orange juice, and "Instant Breakfast," why not instant achievement?

Mood-altering agents are thought to be capable of producing success, happiness, tranquillity, attention, love, serenity, understanding, energy, or stimulation at, literally, the tilt of a bottle and the swallowing of a pill.

The fact that an external agent cannot produce internal attributes and resources is overlooked. Also ignored is the fact that before success and achievement often comes struggle. Forgotten is the fact that for every high point there is usually a counterbalancing low, and often with joy comes sorrow. However, stimulants and sedatives can modify the frequency and amplitude of struggle/success

Forgotten is the fact that for every high point there is usually a counterbalancing low . . .

or happiness/unhappiness cycles until life becomes a placid, pallid existence.

Relaxation

One major use for mood-altering agents is to help unwind after strenuous mental or physical activity. In order to relax, many people have a drink after work. Think about other aids to relaxation: a beer after mowing the lawn, a cigarette after a ping-pong match, a cup of hot wine after skiing, a "joint" after supper, a cup of coffee or a tranquilizer after getting the family off to work and school.

Unfortunately, some users believe they cannot relax without using a specific mood-altering agent. They are unable to sit down, lean back and let the world pass while they recharge body and soul. Such inactivity is thought unacceptable in a society that seems to cherish constant activity, "productive leisure time" and work only for work's sake. Therefore, rituals involving the use of a mood-altering agent are developed (the cigarette break, the coffee break). These rituals "permit" the user to relax. The use of mood-altering agents may thus become a way of life and a permanent crutch.

It has become increasingly apparent that many Americans are psychologically unprepared to handle the increasing amounts of free time available. We do not use what Dr. A. R. Martin refers to as ". . . that innate capacity to open up freely to all stimuli and impressions from the inner and outer world." In true relaxation one gives free play to his body, mind and emotions. Many people have either neglected or have never developed their capacity for this type of relaxation, while others are frightened and resist relaxing. Rather than reactivate or rediscover their capacities, they use some mood-altering agent to induce a relaxed mood. Many young people use marijuana, or other drugs, in their attempts to learn to relax in just the way Dr. Martin describes.

Recreation

The recreational use of drugs may also be an attempt to reenergize body and soul. For others, recreational drug use is a way to *facilitate social interaction*, a reason to get people together, or when together, to get them to relax and be convivial. In some situations, a mood-altering agent is

used to *heighten the enjoyment* of an already pleasurable occasion. Various agents have served as social lubricants. In our society, the agents most frequently used socially are coffee, tobacco, alcohol and, recently, marijuana and "pills."

Basic to the recreational use of drugs is that it gives *pleasure*. Surprisingly, many people will not admit that they use drugs to receive pleasurable stimuli. This reflects our traditional acceptance of the Puritan ethic of hard work and deferred pleasure. Therefore, people develop such rationalizations as: It helps me concentrate. It helps me be sociable. It makes me more open. It expands my mind. It makes me more receptive. It helps me relax. It gives me energy.

Another aspect of recreational use of mood-altering drugs may be a *love of danger*. There is a degree of belief in one's omnipotence in the thinking, "It won't happen to me." The user tries to see how close he can approach the edge without falling. This thinking applies to "freak-outs," physical dependence, physical damage or legal consequences. The user flirts with these dangers in order to have new experience. Avoiding possible danger provides a new thrill for many overindulged, overgratified, understimulated members of our affluent society. The use of a mood-altering agent may provide them with an effortless way to be stimulated and to feel invulnerable simultaneously. Similar motivations can be found for malicious mischief, petty thievery and some juvenile delinquency involving adolescents and young adults from middle and upper income backgrounds.

For some people, the pursuit of danger or the *flight from boredom* involves activities that can be dangerous, such as skydiving, dune-buggy racing, mountain climbing, skiing, etc. Frantic efforts to avoid boredom become more apparent as the time available for leisure increases. Some turn to one or more mood-altering drugs.

Psychological Support

Mood-altering drug use can also serve as a psychological support (escape, release) in a large number of stressful situations. Drugs can be used in attempts to lessen or alle-

viate pain and discomfort (real or imagined) due to physical, psychological, social or vocational conditions. The user may attempt to diminish frustration, depression, tension or anxiety that is related to his job, school performance, home, family, or self-image.

When this personal distress is short-lived, the agent is a *temporary crutch* that is used only until the person can handle his problem again. Examples of such distress are the anxiety or depression following a failure in business or school, the loss of a significant relationship or a drastic change in life styles. The latter factor is becoming more prominent in our highly mobile society.

An individual may use drugs in an effort to *avoid fatigue* and to *produce constant stimulation*. Many of these users appear unable to sit still for long; it is almost as if they are afraid they will miss some occurrence. Such people may utilize motorcycles, high-powered automobiles or speed boats as they look for stimulation and the thrill of "speeding." Part of this desire for a rapid pace of life appears related to the pressures to excel in business or school. We seem to be pushed constantly toward movement in an upward direction. Some people are unable to tolerate the constant drive of economic or intellectual competition, but they want constant psychological and sensual stimulation.

Chronic use develops when the person is unable or unwilling to handle his emotional problems without the aid of some external agent. The use of mood-altering drugs is then a way to *avoid making decisions* and facing problems. This avoidance behavior is seen frequently in the obese individual who repeatedly requests amphetamines for weight reduction without reducing caloric intake or who requests tranquilizers in order to tolerate normally active children. The drugs are expected to produce an effortless solution to unpleasant situations without challenging the individual's capabilities.

Mood-altering agents may be used to *reduce the intimacy* of interpersonal relationships. The user may be seeking a way to avoid the anxiety aroused by the need to be self-revealing, to share his thoughts and emotions. The discomfort of being close to someone else is aggravated by certain teachings that we should like, be able to

We seem to be pushed constantly toward movement in an upward direction

tolerate, be affectionate toward, and always want to be with others. Drugs can produce the illusion of being involved, without any conscious effort to be really involved. Under the influence of his agent, the persen doesn't worry about the depth or intensity of his interpersonal relationships and isn't really concerned if there aren't any. Television, tranquilizers, amphetamines, alcohol, marijuana and glue may be used for this purpose.

Due to environmental crowding, some people may develop a psychological unawareness of their surroundings. This adaptation to crowding eventually decreases man's ability to relate to his fellow human beings. Thus, according to Dr. Rene Dubos, some persons may become unaware of the presence of others and even totally antisocial. In their *search for privacy*, and a diminution of sensory or emotional input, some individuals may use alcohol or other consciousness altering agent to create a sense of aloneness. As they search for a "time and place apart" from others, people may turn to televison, aimless driving in town or country, or other forms of self-isolating activity.

Currently, many people feel widespread social pressures to succeed. The apparent emphasis seems to be on winning, not how one plays the game. These pressures begin in kindergarten and continue unabated, if not intensified, through high school or college. These pressures frequently concern the individual entering a career that is unacceptable to him or appears unobtainable. Mood-altering drug use may be one attempt to *avoid the pressures* and thus avoid feeling inadequate or inferior. The drugs aid the user in avoiding any anxiety aroused by his inability to fulfill the expectations of others or to state his own plans and desires.

Other persons use mood-altering drugs to find the *ability to cope* with a seemingly impersonal and technologically oriented world. Unable to see how he can overcome certain social barriers or personal deficiencies, the individual uses a chemical to eliminate his poor self-concept and feelings of helplessness. Wrapped in a false sense of well-being produced by the drug, the user feels able to survive or no longer worries.

The use of mood-altering agents for psychological support may also reflect an attempt to *resolve maturational conflicts*. These conflicts may result from attempts to avoid emotional crises of maturation or of everyday living. Unable to handle adequately interpersonal relationships, emotion, responsibility, sexuality, aggression or impulses, the person tries to escape them. The drug effect may not only decrease any anxiety, but may temporarily remove the cause of the anxiety. Thus, the time for decision making is delayed.

The use of mood-altering agents to *avoid social or economic reality* is said to be a reflection of the apathy, the excessive conformity, and passive acceptance of the *status quo* prevalent in our society. This apathy is fostered by current societal trends wherein individualism appears to many to be discouraged and concern for individuals as meaningful persons seems disregarded. There appears to be more concern for corporate identity than that of any worker, for the economic oligarchy than the underprivileged person's destiny and how to alter it, or for "law and order" than equal justice for all citizens. For people in these situations, mood-altering drug use reflects their despair and sense of hopelessness. Drug use is another way of saying, "I can't win, so why try?"

Rebellion

The use of mood-altering agents may be part of the adolescent need to defy societal or parental authority. Adolescent rebellion is considered normal when it helps the person find his separate personal identity, establish an independent self-image and develop a personal scale of values. Drug use may then be an effort to delineate self from non-self and to declare personal independence.

This *rejection of parental values* and authority may be engendered by emotional deprivation because parents are pursuing social or vocational prominence. In such a family, there may be little emotional attachment. As a result of their feelings of rejection and a lack of affection, the young rebel against parental guidelines. The drug user wants some sign that his parents (society) accept him as independent, adventurous and worthwhile. He uses the mood-altering agents in an attempt to *gain recognition* as a

Drug use may be an effort . . . to declare personal independence

meaningful person in some authentic relationship or community.

Mood-altering agents may also be used in the quest for *personal engagement* in some authentic community. Rather than retreating from involvement, the person uses drugs out of frustrated yearnings for acceptance by society. Drug use may represent attempts to satisfy the user's deep needs for contact and meaningful communication within the larger society. He is attempting to drop into, not drop out of the dominant culture. The drug use may also reflect a *search for purpose* within the community or society.

Members of minority groups and ghetto dwellers have long used various drugs to anesthetize themselves against their social conditions. This arises from *rejection of an environment* that fails to provide even the basic needs of life—food, shelter, and security. Now, middle class people —youths and adults alike—are also anesthetizing themselves against their environment. Even though their basic material needs are met, many feel that their lives lack purpose, recognition and achievement.

For centuries, *violating social taboos* has been a favorite sport of adolescents and young adults. This is in part a rejection of society's value judgments, in part a love of danger, and in part an attempt to tweak society's nose without being caught. But taboos are more often violated when they seem hypocritical, unequally enforced, unenforceable or confusing. Hypocrisy and a double message are blatantly evident in the lack of enforcement of laws governing sexual experimentation and the use of alcohol and tobacco by minors. We seem to say, "If you do it, just don't get caught." Yet we are shocked when this attitude is transferred to the use of marijuana, amphetamines, and LSD, or to malicious mischief, shoplifting or drag racing.

Insight, Identity

In the normal course of development the healthy adolescent desires to know himself and to gain insight into what he is as a person. Gaining this knowledge requires answering these questions: Who am I? Where am I? What is my goal? What is my role in society? What is my personal reality? What is life and its purpose? To para-

phrase Robert Nixon's description in *The Art of Growing*: the adolescent questions and reviews his previous developmental tasks. The healthy adolescent reexamines all aspects of his identity and the attitudes, beliefs, value judgments and behavior patterns involved in that identity.

Some use . . . is a misguided attempt to change one's personality

Consciousness distorting agents are thought by some to be a quicker and simpler way to approach this reexamination. With psychodysleptic (consciousness-distorting) drugs, repressed memories of the past may be brought into review rapidly. Coupled with skilled psychotherapy, such rapid, forced review may indeed be helpful. However, for some, this reviewing or reliving of past experiences arouses more anxiety than when the review occurs gradually in normal development. Unguided or uncontrolled, such a review of forgotten occurrences can become a "real bummer."

Some use of mood-altering agents is a misguided attempt to *change one's personality*. The agent is expected to provide instant psychotherapy and a magical transformation. The unpredictable results of psychodysleptic drugs are sought in the hope that the marked disruption of normal mental function will produce a "change of mind" or a "change of heart." The user desires a way to go beyond his usual modes or experience in the effort to learn more about himself or his universe. Stimulants, sedatives, and tranquilizers are also used by many persons in an effort to change some life style because they believe it is undesirable or have been told so.

For others, the search for personal understanding becomes a quest for one magnificent *organizing experience* that will give significance and meaning to their life. It is obvious they expect the drug to resolve uncompleted tasks of maturation, supply a missing portion of the user's identity or make the search for a satisfying personal identity rapid and simple. They may not necessarily desire engagement in the mainstream of society, but they do seek a feeling of significance.

Heavy users most often list the search for insight as the reason for continued use of "psychedelic" drugs. This

type of motivation frequently seems to be associated with an increased incidence of obvious severe emotional disturbance.

Aesthetic

During the early days of the "psychedelic movement," many users claimed the drugs *increased creative ability*. At times the users appeared to expect the agent to produce creativity *de novo*. Creative people who used some form of drugs are frequently mentioned in connection with the advantages of drug use. Ignored is the reality that although drug-induced states may have given inspiration for some works, the creative ability was already present, and their work was usually performed in a non-drugged state.

Some users believe the various agents increase one's ability *to appreciate* art, music, dancing, nature or "beauty." Proponents claim drugs allow one to obtain more from a picture, musical work or scenic view, or that one sees and hears things he would not normally notice or appreciate. In reality, the drug-induced interference with the integrating and filtering mechanism of the brain allows massive sensory input. Consequently, certain sights or sounds become pronounced or take on an altered relationship—objects become larger or smaller; bright colors become brighter; sounds seem to separate and then fuse; colors can be felt; music can be seen. Unappreciated is the fact that with concentration and voluntary effort many of these same effects can be obtained.

Mystical-Religious

Various herbal preparations have been used in religious ceremonies throughout history. Some people believe that the drug effect brings them closer to the Supreme Being. Others believe the drug is the pathway to salvation, while others consider it a sacrament. Regardless of the rationale, the quest is for a personal experience that produces a discernible positive change in the individual.

Many young people claim they used the psychodysleptic drugs in efforts to achieve transcendence of space and time, ecstatic (out-of-body) states and a sense of sacredness and overwhelming peace. William Braden,

in his book *The Private Sea: LSD and the Search for God,* related the use of LSD for obtaining these mystical experiences to the so-called New Theology and its re-emphasis on the in-dwelling nature of God. The desire to obtain an intense religious experience is also a reaction to our overintellectualized, overorganized, overmechanized, computerized, depersonalized and materialistic society.

The desire for mystical experiences is also an expression of the intense psychological need for a deep and meaningful personal experience that is highly individualized, with emphasis on the intuitive, emotional and nonrational. There is also the psychological need for personal identification with some larger force or entity. To some people such an experience does not appear possible within the confines of the organized religious denominations of America.

In the late 1960s, some psychiatrists noted a decline in hospital admissions for what has been called the "religious crises of adolescence." This decline coincided with a fall in middle income adolescent suicide attempts, the advent of the "psychedelic movement," and the extensive interest in chemical alterations of mood. Drug experimentation and its crises seem to have supplanted religion as an all-involving experience for some young people.

Aphrodisiac

Various societies have attached different degrees of importance to love as a desirable human experience. Consequently, a large number of agents have been used in efforts to direct and increase the desired aspects of love. These agents are used in efforts to increase the ability to gain love and affection, or to control love relations. We see this manifested in our society with its heavy reliance on wrinkle removers, beauty drugs, deodorants and "come hither" fragrances.

The search for agents that will increase a person's desire for sexual activity, his sexual performance and the sensual pleasures of sexual intercourse is ageless. With the recent relaxation of Victorian attitudes towards sex and the realization that sexual activity is normal into the eighth decade, there has been more emphasis on

increasing or prolonging participation. For those unwilling to expend the energy necessary for the proper wooing of their partner, there is emphasis on some agent that will establish the mood quickly. In our society, the agent most commonly used for this purpose is alcohol.

A review of the history of mood altering agents reveals that, at one time or another, many have been reputed to increase sexual desires and performance. One example is tobacco. European sailors apparently decided the ardent sexual performance of American native maidens was due to their use of tobacco. Not wanting to deny such a stimulant to the more temperate ladies at home, they took the drug to Europe. Even today, some advertising intimates that one can be made more attractive or will be more likely to be involved in a romantic setting if certain cigarettes are smoked.

When mood-altering agents are used in a social setting where sexual activity is anticipated, they may appear to increase sexual desire or performance. They do this by lessening the person's social inhibitions and psychological defenses that might otherwise preclude sexual activity. The drug may also give an improved self-image and increased self-confidence thereby producing an improved performance. The removal of inhibitions may allow an almost cathartic expression of repressed sexual desires. Usually, the drugs are merely a vehicle of common interest and activity, thereby setting the stage for fulfillment of prior desires and expectations.

The heightened sexual responses or performance attributed to various drugs may be due to one or more factors that might be present: the clandestine atmosphere that seems to heighten the experience; the alteration of time sense so that minutes seem like hours; an interference with normal, sensation-producing delayed orgasmic activity; or an alteration of sensual perception with a heightened awareness of certain body sensations.

Comment

We must emphasize nonchemical ways of handling the majority of emotional stresses.

The motives for initiation and continuation of drug use are as varied as the social, religious, educational, occupational and psychological backgrounds of the user. Critical analysis of any constant misuse or abuse of

mood-altering substances reveals delayed or faulty character development. A major inadequacy in drug abusers is the inability to tolerate usual amounts of frustration, anxiety, tension, mild depression or other psychological discomfort as a part of everyday life. These people have a tendency to seek a quick solution to the problem via alcohol, tranquilizers, stimulants, sedatives or other mood-altering agents. There is emphasis on a quick relief that requires little effort from the individual, group, subculture or society, and that promises to produce rapid changes in life styles.

Adults must recognize and teach that a certain amount of anxiety, tension, frustration and fatigue are a normal part of living. These factors and how they are dealt with play an important part in the growth and maintenance of a healthy personality. We must emphasize nonchemical ways of handling the majority of emotional stresses. And we must teach that anger, joy, sadness and dislike need not always be suppressed and held within. Only then can we deal with the underlying causes for chronic drug misuse.

III Alternatives to Drug Abuse

Having explored the motivations for mood-altering drug use and abuse, let us examine the alternatives.

Among other members of the animal kingdom, there appears to be a common practice in child rearing. The parents often prevent undesirable or dangerous behavior by diverting the attention of their young toward some acceptable activity. This provision of alternative behavior appears to have a positive effect upon the healthy development of the young. We humans need any help we can get to prevent drug abuse and can ill afford to ignore such excellent guidance.

To offer alternatives to drug use requires accepting certain, perhaps unpleasant, facts, such as the following:

1. The use of mood-altering substances is usually pleasant. People *use* drugs to "feel better" or to "get high." Individuals experiment with drugs out of curiosity or the hope that the drugs can, in some way, make them feel better. People use drugs excessively due to personal deficiencies.

2. People start and continue to use and/or abuse drugs because they want to do so, not because of some intrinsic nature of the drug.

3. Drugs do not compel behavior. They may lessen inhibitions or interfere with logical thinking thus allowing unusual behavior. However, drugs do not, of themselves, produce any actions.

4. Psychological dependence results when the drug effect fills a need or is a substitute for relationships. Any activity or agent that gives pleasure or relieves discomfort may become associated with psychological dependency.

5. An important factor in many forms of pleasure-seeking behavior is that the activity produces changes in the mood or consciousness of the person.

6. Our society appears to stress experience as a prerequisite for maturity, and certain drugs are said to provide experiences quickly, painlessly and effortlessly.

7. Individuals do not stop using mood-altering substances or pleasure-seeking behavior unless they discover something better.

8. The alternatives to drug abuse are also alternatives to the distress and discomfort that lead to any form of self-destructive behavior.

To be acceptable and attractive, any alternatives offered must be realistic, attainable and meaningful. Any proposed alternative must assist people in obtaining the self-understanding, improved self-image, feeling of significance, expanded awareness, or new experiences that they seek through the drug effects. These alternatives offered must also fulfill other criteria: (a) they must contribute to individual identity and independence; (b) they must offer active participation and involvement; (c) they must offer a chance for commitment; and, (d) they must provide a feeling of identification with some larger body of experience. Also, some of the alternatives must be in the realm of the noncognitive and the intuitive, and some must provide a way to transcend day-to-day routines. As Herbert Otto states, the ultimate effect is to help the person "discover and make maximum use of his potentialities—the range of his strengths, capacities and capabilities."

Activities that can be offered as alternatives to drug abuse and other self destructive behavior include meaningful relaxation, meaningful work and developing vocational skills, personal-awareness development, improving interpersonal relationships, self-reliance

development, aesthetic, creative, and intellectual experiences, philosophical-existential explorations, spiritual-mystical experiences, social and political involvement, and meditation and "mind-trips."

Meaningful Relaxation

True relaxation can be considered to be a "spin-off" of personal-awareness development and recognition of one's inner resources. In discussing the inability of Americans to handle their increasing amount of free time, Dr. A. R. Martin states that many seem unable "to open up freely to all stimuli from the inner and outer world . . . to let body and mind and emotions have free play." The relaxing person, according to Dr. Martin, is interested in the whatness rather than the whyness of things. While relaxing, the person contemplates, reflects, marvels, wonders, and free associates. When each person can relax in such a manner rather than feel compelled to "do something," he will have meaningful relaxation and leisure.

Accepting the fact that leisure time can be productive while a person is "just doing nothing" can be beneficial. Also beneficial is the recognition that for some people leisure time physical activity can be relaxing. If the individual exerts himself physically because he enjoys doing so, his activity becomes a way to recharge mind and spirit. This is the essence of meaningful recreation.

Meaningful Work and Vocational Skills

Many jobs in our society seem tedious and stifle the initiative of the worker. In part, the tedium is due to excessive specialization and mass production approaches to work distribution. A lesser part is due to inadequate communication between management and the employee.

To be meaningful, the work must give the individual some personal satisfaction, such as pride in his work, a sense of accomplishment, or a sense of contribution. Other necessary factors, termed motivators by Dr. Frederick Herzberg, are responsibility, advancement, and the ability to learn. With these attributes, a job can allow the employee to become competent, effective, and to grow psychologically.

Industry can change the attributes of a job as evidenced by two studies. The efforts of the Bell System were reported by R. N. Ford who stressed that improving job satisfaction of key-punch operators involved emphasizing the quality of performance, providing effective praise and constructive criticism, delegating more responsibility to each worker, and providing a challenge.

. . . meaningful . . . work must give the individual some personal satisfaction

Similar efforts to improve job satisfaction among stock operations clerks on Wall Street were reported by Marylin Bender. The results included a decrease in employee absenteeism and turnover rates, a decrease in error ratio, and an increase in productivity.

The quest for meaningful work may explain why a large number of young people are attempting to become artisans. They desire to be involved as much as possible in the total creation of a product. Thus, the surge of interest in pottery, weaving, leatherworking and glassblowing.

The schools can assist in efforts at job enrichment by helping to provide people with a broad background in vocational skills.

Many drug abusers suffer from a lack of vocational skills. Finding little of interest or help in conventional educational programs they fail or drop out of school. Others, upon completion, find high school has given them no salable skills. Due to enforced idleness, a sense of frustration and a state of aimlessness, they may turn to crime and/or drug abuse as a means of overcoming their environment. Vocational education can reverse the drift toward dropping out of high school, and give purpose to a student's education. He can be prepared for meaningful work.

In addition, remedial vocational education or job retraining must be developed to assist prison inmates, parolees and drug abusers seeking reentry into the mainstream of society.

Personal Awareness

There are three aspects of personal awareness

development that can be taught: physical and sensory, psychological (emotional) and interpersonal.

Physical awareness necessitates first developing an increased awareness of one's body position, the sensations of body-space relationships, and natural physical responses. In addition, the person can concentrate on improving balance, coordination, strength, endurance or individual small muscle control. People also can develop an increased sensitivity to all their sensory perception, and learn to diminish or intensify each selectively. One result might be an increased discrimination and appreciation of sensory input. Through these same efforts, awareness and control of many other body functions could be improved. Each functional aspect of the body could thus be improved. Another benefit might be the maintenance of good health and improved physical efficiency. Increased physical awareness and conditioning can be obtained through individual or group athletic activities, ballet, interpretive dance, sensory awareness groups, hiking, meditation, fasting, and yoga.

Developing an increased psychological awareness involves exploring many dimensions. Each person must become aware of the silent messages (body position, facial expressions, gestures, subtle changes in voice tone) he projects with each spoken message. The individual should learn to examine his emotional and intellectual reactions and to express himself openly and honestly. He can thus develop the ability to analyze his motives for any statement or action. However, such analysis must not cause the person to sacrifice spontaneity and freedom in his behavior. Some persons will need to develop control over their spontaneous reactions that are hostile, damaging or thoughtless. Others will need to develop spontaneity and thus have a less rigid control over their thoughts, emotions and actions. They must also learn to express their anger constructively, as well as feelings of concern, care, affection or joy.

To improve his interpersonal awareness, each person must learn to be sensitive to others and evaluate the effect of his behavior on them. He must be aware of his own feelings, perceptions and attitudes. He also should recognize that the time, place, age, sex, intelligence level,

mood and various developmental backgrounds (social, economic, vocational and educational) will affect other people's reactions, as well as his own. He thus can appreciate which behavior is appropriate for different situations. The person must learn to be open to new experiences, to be able to feel and appreciate each new experience, and be ready to assimilate and integrate the resultant perceptions. Most importantly, he must learn to be appropriately open, honest, authentic (self-revealing), spontaneous and affectionate in his dealing with others. He must learn when not to be open in order to maintain his self-esteem or rebuff unwarranted assaults on his character. He must learn to examine his personal beliefs, ideals and biases in the process of increasing his awareness of others.

Increased psychological and interpersonal awareness can be attained through introspection, meditation, fantasy, individual and group psychotherapy, group interactions, and reading. In the schools, psychological awareness development can be interwoven (by adequately prepared teachers) into discussions in family living, biology, home economics, social science, literature and psychology courses. In order to be effective, personal examples should accompany any discussions about certain attributes, such as openness, honesty, spontaneity, authenticity, and acceptance and evaluation of criticism. There is no reason that such applied psychology courses cannot be woven into the programs of churches, recreation centers, and other social institutions, as well as into those of the schools.

Interpersonal Relations

The essential elements of meaningful interpersonal relationships are concern, understanding, sharing, responsiveness, respect and interdependence. Healthy person-to-person interactions require concern for maintaining the identity, individuality and interest of the other person. With this concern goes the sharing of expressions of humanism (joy, sadness, humor, knowledge) that enhance the other person's sense of alive awareness. This concern and sharing promotes the psychological growth of all involved in the interaction.

Developing meaningful interpersonal reactions requires

Each person must assume much responsibility for his own psychological growth

recognition of the aspects discussed under the previous section. Each person must assume much responsibility for his own psychological growth. He can use his own actions and the reactions of others to him as a base for learning about himself. In his interpersonal relationships, he can learn to consciously examine his values, his biases and his assumptions about others. He should also learn to make appropriate choices and decisions, to act on these decisions and to take responsibility for the result of his decisions. At the same time, he should learn how to trust others and risk his self-image with them. He can also learn to defy enforced acculturation constructively, since such defiance may contribute to psychological freedom and growth. Yet he should learn not to interfere with other's rights while "doing his own thing."

Interpersonal relationships growth can occur in any group interaction or as the result of what Dr. William Fishburn calls "Experiences-in-Being." These may be called sensitivity groups, training groups, "responsivity" training, actualization groups, encounter groups, or confidence training. The leader and the participants must be well screened for the best results, however. Expertly managed "experiences-in-being," well-run psychotherapy or psychodrama can help certain people develop healthy interpersonal transactions. Interpersonal relationships can also be stressed in any course or activity that involves interpersonal cooperation for project completion. This type of applied psychology can be available through church and recreation center programs as well as in adult education courses or regular school curricula.

Self-Reliance Development

The inclusion of this category may be seen as pompous by some and self-evident by others. However, the almost universal sense of personal impotence found in adolescent drug abusers prompts its inclusion. This impotent feeling is also prevalent among many adults who abuse alcohol, stimulants, tranquilizers, or sedatives. Only when they feel able to affect positively their environment and exert more control over their potential destiny will people lose their feeling of impotence.

Several steps can be taken in an effort to mitigate this impotence. Practical citizenship courses need to be

developed that would prepare people for responsible citizenship. These courses should stress the way in which individuals or minority groups can influence the various layers of the establishment bureaucracy.

Part of the sense of personal impotence results from feeling helpless in one's own home when something needs repairing. It is no wonder that a course such as "Applied Physics: Nuts and Bolts of Everyday Life" attracts as many young women as young men. These people are tired of being unable to repair small household electrical items and welcome the opportunity to learn to do so. Courses, for women, in minor repairs and maintenance for automobiles have been almost as successful. Other instruction many people could utilize would include minor carpentry, plumbing and electrical repairs for the home. Many school systems could produce more self-reliant students by developing courses including household maintenance and repair. Any training that improves a person's mechanical competence can help develop a sense of self-reliance. Regardless of the person's ultimate goals and career, any manual skill training can improve his sense of control over his environment.

Another course or cluster of courses that could be offered is "Family Management." One such course would include such topics as: budget planning and money management; problem-solving techniques; cooking and housekeeping skills; nutrition and menu planning; accident prevention and home first-aid; child care; parent-child communication; and, parent effectiveness. Since, even in our technocratic society, we cannot live by science alone we must develop courses dealing with day-to-day living.

Aesthetic Experiences

The appreciation of art, music, dance, nature and other aspects of beauty has been said to be intensified by LSD and other consciousness-distorting drugs. With the use of these agents, people report they perceive in new and unusual ways. Flat objects develop three dimensions; inanimate objects develop plasticity, fluidity and mobility; colors can be felt, music can be seen; color relationships vary in intensity; personal identity boundaries are lost. Persons report that they can listen selectively and identify

voices or instruments at a concert or in a recording. What has not been stressed is that many of these altered perceptions are often possible through effort, concentration and conscious control.

Also underemphasized, and often not taught, is the appreciation of artistic works—painting, pottery design, sculpture or literature. We need to make art exhibits more accessible to our populace. Traveling displays with informed, informative and understanding guides could provide the basis for art appreciation classes in churches, schools or recreation centers. If scheduled stops of the mobile unit are intermingled with visits and demonstrations by artists and artisans, the various types of art can become more meaningful.

As another example, recordings by leading musical groups, orchestras or single artists can be used in classes on music appreciation. These recordings used in conjunction with discussions led by visiting musicians can aid people in acquiring new tastes or understanding different music forms. Contact with performing artists in discussion groups will allow for a better understanding of what is necessary for successful productions and performances.

Any art and music appreciation course should be designed to give meaningful personal experiences and to enhance enjoyment. Such courses should not be graded and should involve each member in the choice, preparation and presentation of topics for discussion.

Creative Experiences

Creativity is not a special gift of some select few people. Creativity, to a greater or lesser degree, is a trait shared by all humanity. Every person will show varying amounts of creativity in different areas of intellectual performance. To be productively creative does not require that the individual produce something that is socially useful or desirable. A creative production need only be an expression that is meaningful and desirable for the producer.

The creative process involves the questioning and challenging of perceptual reality and of life through reflection, recreation and reinterpretation. Aspects often involved in creative expression include: (a) acquiring a large number

of personal and vicarious experiences; (b) a willingness to heed vague feelings and intimations, to try new ways of seeing, hearing or feeling familiar objects, and to strive for new insights; (c) awareness of the feelings and emotions produced by each experience; (d) combining the acquired sensations, knowledge, experiences and emotions in new and varied ways; (e) expressing one's perception of a particular situation in a personally meaningful way; (f) evaluating the product and its relevance to satisfying the producer's impulse; and (g) persevering until the product satisfies the producer.

Creativity can be expressed through sketching, painting, sculpting, weaving, pottery making, gardening, conversing, cooking, writing, composing, singing, dancing, acting, etc. The opportunities to engage in these activities can be provided through school, church or community center programs. A major requirement for such programs would be that the student is encouraged in the creative application of imaginative mental productions. Such activities should also encourage individuality, innovation and experimentation. Leaders and teachers should realize and accept that refusal to "adjust" one's creative expressions is often the mark of a healthy character. In the schools, courses such as these should be ungraded, for who can judge the total relevance of another's work. Teachers should only determine whether the student has the ability to work in his chosen medium, and give him appropriate direction.

Intellectual Experience

The importance of another area should also be self-evident but the intellectual experience is often neglected. The thrill of learning for personal edification and the desire to do so seems to be lost to many Americans. This loss appears to be a reaction to the stress on graded structured learning situations. However, intellectual challenges can be used to alleviate boredom, to gain understanding and to increase one's personal awareness. There are *many* avenues of intellectual development.

. . . the intellectual experience is often neglected

For example, literature and art appreciation courses can be conducted in such a way as to emphasize the history, customs and attitudes of various cultures,

vicarious experiences, or relaxation. Discussions of what one has read can also provide increased awareness and help lead to rewarding interpersonal relationships.

Philosophical-Existential Explorations

The concern of young people with the existential questions—"Who am I," "What is my past, my future, my goal, my role in society?"—indicates a personal search for meaning. Such a search is difficult today. In previous generations, members of the extended family or elders in the community assisted young people in finding meaning in life, grasping the nature of the universe, establishing personal identity and organizing a belief structure. But, a mobile society that is loosening family ties and often shifting grandparents into some remote "home" does not supply this guidance. Discussions, seminars or courses on the meaning of life, the nature of reality, ethics, mores and value systems can be incorporated into social studies programs or offered by various institutions in the community. There are many self-educated philosophers in our communities who would be willing to participate in such an endeavor.

Spiritual-Mystical Experiences

This alternative is important since many young people and adults are discouraged by organized religion. To them, churches appear to have more concern for rite, ritual, ceremony, dogma and large budgets than for inherent human worth. However, they recognize that the adoption of a personal philosophy may involve an established religious belief. They also realize personal religious convictions need not involve church membership, regular attendance or even identification with a certain group.

The essential qualities of a religious experience are that it must: (a) be extremely personal, applicable to everyday life and constantly evolving; (b) produce recognition of a force or entity greater than the individual; (c) be involved with the questions of self-fulfillment and the ultimate purpose of life; and (d) produce discernible positive changes toward self, others and life. Such a religious experience has come to many of our young people through Eastern religious disciplines that appear to be more concerned with the individual's inner experience. Others have

obtained such an experience through the community-oriented "underground church."

Valid techniques for attaining intense spiritual experiences or higher levels of consciousness are available. Books concerning these techniques and studies of world religion should be available in community and school libraries. Communities can develop courses on applied mysticism, Yogic technique and methods of personal spiritual development. With a rising interest in glossolalia (speaking in tongues during intense religious states), our churches may do well to reexamine the mystical aspects of Judaism and Christianity. The question is not whether organized religion can tolerate diversity but, rather, *how much* it can and will bear.

Social-Political Involvement

Some of the most "turned-on" young people in recent years have been those who served in the Peace Corps and VISTA. A major aspect of life in these organizations was sacrifice in order to help others attain a better way of life. During the political campaigns of the late 60s and early 70s, many young people became active in supporting candidates and getting voters to the polls. In each of these activities, there was commitment to an ideal and a chance for active participation. Commitment and participation with maintenance of individual identity are necessary if social involvement is offered as an alternative to drug abuse.

The nature of the commitment or the apparent direction of social and political action of young people may be disagreeable to adults. Often, it is disagreeable because it disturbs the *status quo*, challenges our comfort and opinions, or confronts us with our hypocrisy. As Dr. Arnold Chanin has pointed out, we should realize that many leaders today were considered "activists" in their youth.

Idealism without opportunity for implementation of necessary change frequently turns to cynicism. Therefore, it is better that our youth take an active part in directing the course of our nation, socially and politically. Rather than allowing or forcing them to drop out of society, "wallow in passivity," and use alcohol or other drugs to dull their social and psychological pains, we must

What young people need is the chance and recognition for involvement . . .

encourage all our citizens to be involved actively. The drive to register 18-year-old voters and the current ecology campaigns are good starts.

The possibilities for social and political involvement should be stressed in social sciences, government and history courses.

To involve young people in the social-political arena we must: (a) make use of their ideas and idealism; (b) accept and encourage non-conformity of social commitments; (c) offer encouragement and recognition for involvement; (d) be willing to act upon suggested necessary social change; and (e) help create a better social milieu for all persons.

Social activism can involve door-to-door canvassing, voter registration drives and distribution of materials regarding social issues. Social service projects such as assisting the aged, infirmed and handicapped, or tutoring underprivileged youngsters can be included. Young people should be given more responsibility in preservation and restoration of the natural environment, anti-pollution campaigns and playground construction. They can participate in non-partisan lobbying for social causes, or field work with politicians and public officials. In community action programs, their opinions and recommendations should be sought. Young people should be involved in the planning, decision making and implementation of any programs that affect them.

We may consider the political ideas of young people as extreme and their efforts misdirected. However, we must remember that our judgment springs from a different vantage point, a different background and a different social consciousness. If both adults and the young recognize the need for communication, consideration and cooperation, all of us could be helped toward a fuller social consciousness and proper direction. What young people need is the chance and recognition for involvement, and we must be willing to listen and to act.

Meditation and "Mind-Trips"

To many American adults, the word meditation brings forth images of deep religious thought, some strange

transcendental state of the Oriental mystic, or a state of inactivity that, although not understood, is somehow bad. A "trip" or "tripping-out" usually is thought to be only drug induced. Both of the terms, meditation and trip, refer to using a subjective experience to achieve a state of consciousness that is so heightened and unmediated that it overwhelms and replaces the individual's perceptions of self and of the world. During the experience, the person usually has a relative unawareness of his immediate surroundings, and afterwards cannot find words to describe adequately the experience. If this altered state of perception results only from conscious control of thought processes, it may be called meditation, daydreaming, focusing of attention, delving or mind-tripping. If it occurs during some other activity, the state may be called a "peak experience." In each of these states, fantasy, mental imagery and altered states of consciousness variably play an active role.

Meditation is a means of achieving psychological peace and access to our inner core of tranquility and strength. Meditation, as Dr. E. W. Maupin has noted, is a means of "developing contact with inner experience and deeper resources. . . ." Meditation promotes a sense of inner personal resources, of solidity and strength, whereby one can gradually encounter and master areas of trauma, helplessness and defeat in his life. During meditation, the person may contemplate specific goals or problems and various courses of action. The person can step away from and explore the various perspectives of any given situation. Such a process is used by many successful businessmen as they mentally explore possible ramifications of various moves.

Daydreams and meditation can also be used as a defense against boredom, as a way of heightening pleasure, or as a way to resolve feelings of fear, depression, anxiety or anger.

Focusing of attention is the term Dr. William Soskin has given an early process in meditation. This is the process whereby the person "learns to progressively focus his attention in such ways as to free himself of the unending flow of trivial thoughts, fantasies, recurrent preoccupations and impulses, so that he might ultimately experience

a period of genuine conscious quietude." The aim is to produce a relaxed awareness in which the flow of thoughts is reduced and a sense of detached observation is maintained. Later, this state of detached observation can be utilized for contemplation of specific areas without interference from other random thoughts.

Delving is the name Dr. Soskin's group at "Project Community" at the University of California at Berkeley has given to a series of "guided daydreams." The participants are thereby given an opportunity to explore along the borders of consciousness without the use of drugs. Participants are first led into a state of deep relaxation and then guided through various stages of preplanned fantasy. Each fantasy is designed to produce vivid, exciting and informative experiences. These experiences are somewhat akin to those available from the consciousness-distorting drugs such as LSD, mescaline and marijuana. Instead of merely private experiences, the individuals have a common experience that they can later share, compare and discuss. Such experiences can be offered to selected groups by well-trained leaders.

Mind-tripping is the personal form and an extension of delving. With conscious control of thought and perceptual processes, a person can obtain the altered perceptions afforded by consciousness-distorting drugs such as LSD. This includes the loss of personal boundaries and a feeling of blending into one's surroundings, the illusions of inanimate objects developing mobility, fluidity or plasticity, the perception of one sensory stimulus as another (seeing sounds, feeling color) and the changes in intensity, clarity, size, shape, function and relationships of objects perceived. During a mind trip, the person may become so involved he is insensitive to persons or occurrences near him. This may occur while reading, listening to music, observing nature scenes, viewing art, observing some scene of extreme beauty or being intensely involved with another person. Thus the mind-trip becomes a time and place apart from the everyday world. If necessary, one can interrupt the trip (come down) without residual intellectual impairment. Conditions permitting, he can "trip-out" again.

Mind trips can be conjured out of one's imagination, with minimal stimuli, when necessary. All that is required is repetitive effort, concentration and conscious control. Three examples are as follows:

Hold a beautiful flower in your hands and gaze into its depths. Concentrate first on its color, its aroma and its beauty. Continue to gaze into the flower and imagine slowly going down into it. Imagine being gradually encompassed, but not held, by the warm soft petals. Here you can sit and pass moments of quiet relaxation.

Either look at a picture of some favorite locale or imagine it. Think of all the sensory input you have received there. For instance, a seashore surrounds you with the sound of the ocean, the smell of salt air, the feel of a breeze on your face and the sight of waves cresting and receding on the sand. Listen and you may hear the cry of gulls as they wheel and soar in the sky overhead.

You are sitting in a quiet spot and a beam of light reaches to you from the horizon. Sit quietly and let your inner being escape your finite body. Walk up that ray to the horizon, turn around and look back. With telescopic vision, you see your body sitting so peacefully. Now, through a wide-angle lens, view the area around, before and beyond where you sit. When you are ready, walk down the light beam, reenter your body and go on your way again.

Each person can think of some pleasurable experience of his own and conjure up a mind-trip.

Comment

The basic philosophy of this approach is that there are viable, positive alternatives to drug abuse. These alternatives can minimize undesirable consequences, the escalation to stronger or more dangerous drugs, and the recruitment of others into the scene. These alternatives can maximize involvement, the quality of life and the life experience, and the responsible use of potentially toxic agents. Participation in any of the alternatives listed can produce a new state of consciousness for the user.

Courses dealing with expansion of personal awareness, improved interpersonal relations, increased aesthetic appreciation, development of creative abilities, and self-reliance development can be offered by schools, community colleges, adult education centers and universities. There should be no numerical or letter grades given. Who can adequately judge the relative worth of a personal experience or expression without introjecting his own value system or attempting to force acculturation? The major emphasis should be on giving information to assist in making personally meaningful value judgments and career decisions.

Providing some of these alternatives will require expenditures for space, materials and instructors. However, many school buildings, unused 30 to 40 percent of the time, could be made available, and many individuals in the community would enjoy teaching the subjects if asked. Our society must decide what it is prepared to accept: that which is necessary to provide alternative opportunities—or increased rates of absenteeism, hospitalization and drug dependence, increased welfare and child support payments, an increased number of crimes against persons and swelling prison rolls, and thousands of wasted lives.

Most of all, these alternatives require sincere, interested individuals who are willing to put out a hand and say, "Let me show you something better." Are we human beings less able to do this than other members of the animal kingdom?

. . . there are viable, positive alternatives to drug abuse

IV Drug Education

How, then, can we provide education about drug use and abuse, and present these alternatives? An ignored but obvious fact is that drug education begins in the home. Children entering kindergarten already have had five years of drug education. Preschoolers learn quickly by observing and imitating the practices and attitudes of family members. They also develop attitudes about self-medication for instantaneous chemical relief from the many television advertisements. Parents have the responsibility to teach the growing child respect for potentially dangerous substances and the proper use of medications.

In the schools, drugs cannot be isolated as a separate and distinct course. Obviously, drug education should be incorporated into health education and "Education for Living" or "Family Living" courses, but it should not be relegated to one teacher or class period but should be stressed by many teachers of many subjects.

This would require that every involved adult be willing to express his feelings, biases and opinions about a controversial topic. Each adult needs to know why he holds these tenets in relation to scientific data or known social factors. To some people such an approach would be threatening, but meaningful communication and true education would ensue under the guidance of self-disclosing, admittedly fallible, and responsive teachers. Many high school and college teachers are already finding such examination of personal beliefs demanded by students; others have been practicing it for years.

There is no drug . . . that is not dangerous if used to excess

Family living courses should be concerned with helping children become healthy adults who function as intellectually, socially and sexually secure individuals. These courses should teach concepts of decision making and problem solving, plus personal responsibility for actions that may affect others, interpersonal relationships, sexuality, family life, career choices, recreational pursuits and forms of escapist behavior.

These courses should include discussions about why some people choose types of behavior that may hurt them, their families, their friends or society. There should be discussions of the underlying social and cultural factors that make the individual susceptible or resistant to these behavior patterns. Students should be assisted in examining relative value judgments that are used to justify one type or prohibit another type of behavior.

Certain basic premises about drugs should be incorporated into the ongoing program: (a) There is no drug known to mankind that is not dangerous if used to excess; (b) Drugs are neither good nor bad. They become helpful or harmful according to how people use them; (c) Used in a sensible rational manner, drugs may play a positive role in physical, mental or social health; (d) Society's task is to weigh the physical, psychological, and social dangers of each drug and to judge whether the hazards are greater than the pleasures produced by a drug.

The manner in which this material is presented is of prime importance. There should be enough flexibility to allow for questions, disagreement and argument. The atmosphere should be such so that the students are free to express opposing points of view. This freedom of discussion can be hard on teachers but it is essential if the student is to develop a personal set of values.

What follows is a suggested approach for drug awareness/abuse education at various grade levels. The full program is outlined here with the intent of helping the reader understand the entire scope of such a program.

Grades K-3: In the early grades, kindergarten through third, the emphasis should be on maintaining good health. Lessons should cover the role of nutrition, adequate rest

and personal hygiene in protecting health. Students should be taught respect for drugs and other potentially dangerous substances. Included would be the role of parents, doctors, and nurses in giving medicine. Students should understand that drugs used under a doctor's prescription or for a definite illness are proper and beneficial. The concept of allergic or atypical reactions to drugs or other substances should be explained along with the idea that unknown substances may produce bad physical or psychological effects. The discussion of unknown substances could be expanded to include another person's medicine and pills or substances offered by friends or found somewhere.

Other material for this age group should include developing good health habits, respecting one's own body, and the recognition that habits once formed are difficult to break. Bad habits discussed would include smoking, thumb-sucking, nail-biting, overeating or excessive sweets consumption. Teachers should also discuss healthy ways to handle tension and upset feelings through work or play activity and through decision making. They should point out constructive ways of handling anger, fear, frustration, anxiety, shyness, jealousy and prejudice. These do not include bottling up one's feelings but rather directing that energy constructively. Concepts to be stressed would be talking to someone else about personal feelings, listening to others, taking a fresh look at your problem, "cooling off" and sublimation through recreation, hobbies or work. How to go about problem solving and decision making through logical thinking, talking it over with others, and taking advice from someone you respect can be included. The negative concepts of running away, denying that problems exist or avoiding problems through alcohol or drugs should be discussed simultaneously.

Respect for one's self and others should also be discussed. Included would be understanding why we do what we do, setting personal goals, understanding why we obey certain rules and yet want to disobey other rules and laws, respect for laws and understanding the need for laws. In discussing relationships with others, teachers should include concepts of dependence, interdependence and independence, discipline, peer pressure effects, leadership, dares, rivalry, teasing, copying others, "tattling," and

the effects of siblings. Authority figures such as parents, teachers and policemen should be presented as friend, counselor and instructor. This is also the time to discuss responses to offers from strangers: Don't accept rides, money or candy from strangers.

Thus, children will gradually learn that what they do does affect others and is of concern to others. They will also learn that there is always more than one choice available, that each choice has its disadvantages or consequences and that each individual must be ready to accept the consequences when he makes his final decision.

Grades 4-6: During the middle grades children need to learn the various non-medical roles drugs, including alcohol and tobacco, have in our society. The potential dangers presented in earlier grades can now be expanded with more information on known physical and psychological effects.

The applied psychology taught at this level would include how emotions affect our behavior, the interactions between feelings and thought processes, the relationships between emotions and body condition, and the effect of our self-image on responses to criticism, prejudice or illness. Additional discussions should be planned to expand on topics covered in earlier grades—problem solving, understanding behavior, expressing feelings honestly and constructively and interpersonal relations. Students can also begin to examine how advertising affects our willingness to take "pills."

Grades 7-9: Junior high school students are caught in the turbulent stage called adolescence. They are searching for ways to gain emotional independence from the family, to achieve an individual identity, and a stable scale of values, to achieve a mature sexual identity and to develop an adult occupational role in a complex changing world. Therefore, the emphasis in family living education should be toward developing self-understanding and a well-adjusted personality.

Discussions should be directed toward understanding the complex, but flexible, nature of an individual's per-

sonality. The role of heredity, family, education, community, society and cultural institutions in character development should be explored. Students should be encouraged to compare themselves with their siblings, peers and adults. Character strengths and weaknesses and how to recognize and accept our limitations should be examined. The roles of mental, physical, emotional and social development in personality formation should also be presented.

Physical development topics should include variations in physical growth patterns, acceptance of the individual limitations and respect for one's body—an aspect that would include hygiene, rest, diet, exercise and sleep.

Included in emotional development discussions would be the new feelings and uncertainties created by adolescence such as: sexuality; developing positive feelings (happiness, love, friendship); accepting negative feelings as normal (anger, fear, jealousy); expressing negative feelings in constructive, socially acceptable ways; and learning to control and change one's emotional responses. This should be accompanied by classroom discussions of interpersonal relations and dating. Boys and girls both want to know the other's ideas on acceptable dating practices and what is socially approved.

Social development should be presented as learning to get along with others. This entails discussions about respecting the rights and feelings of others, realizing that what one does affects others, being dependable and reliable, and assuming one's proper personal responsibility. The ability to think, act and make decisions as a member of the group can be presented as one aspect of social development. The influence of one's self-confidence and self-respect on his group behavior and interpersonal relations should be presented in discussions. The moral, social and legal aspects of personal behavior should be discussed and the variations in accepted behavior due to local customs explored. The social and legal controls on drug use should be included here, with emphasis on how laws are made and changed, plus respect for the law.

Applied psychology for junior high students would include recognizing how emotional conflicts, unsatisfied

psychological needs and unrealistic expectations of ourselves and others may cause developmental problems. How one handles these situations will reflect his emotional and social development. Does he make excuses, blame others, develop symptoms of an illness, retreat to the past, or withdraw into fantasies and daydreams? Does he belittle others, bully, brag excessively, fight or make others the scapegoat for his failures? Does he become hostile and rebellious? These are questions that can be related to various actions students observe in themselves and others. Such negative approaches to problem solving can be contrasted to positive responses that identify the real problem, gather facts and opinions, consider solutions and alternatives, and learn to live with the solutions even though they may be imperfect.

Misuse of drugs and psychological dependence upon the drug effect can be discussed as an indication of a person's inability to solve problems in a positive manner. Drug abuse can also be discussed as a substitute for reality and a cover-up for a poor self-image.

Grades 10-12: High school students will be ready for more details on the psychology, physiology, pharmacology and biochemistry of behavior, sexuality and drugs. Emphasis here should be on making rational choices and value judgments, understanding why certain behavior patterns develop, and choosing alternative types of behavior when required.

Fundamental aspects of behavior to be explored would include the role that basic physical and emotional needs play in determining behavior (people act to satisfy needs), and how frustration of need satisfaction may result in somatic and psychological problems. In discussing problem solving the desirable approaches of confrontation and compromise can be contrasted with the undesirable approaches of extreme rationalization or projection and use of escape techniques (daydreaming, running away, "scapegoating," withdrawal, drug use).

The psychosocial aspects of drug misuse and abuse should be viewed in relation to the total functioning of the individual. There should be examination of the role that drugs play in the life of a person. Using this approach, drug misuse and abuse can be shown to be forms of

escapism or rebellion, a search for psychological support, or a search for meaningful relationships. Similar motives can be found for juvenile delinquency, sexual promiscuity, physical risk taking and antisocial behavior. Therefore, the teacher should stress that problems such as drug abuse, juvenile delinquency or sexual promiscuity are complex and deeply woven into personality and behavior.

The physiology, biochemistry and pharmacology of drug effects should include discussions of known responses (good and bad). Students should be aware of the various psychological, social and environmental factors that may modify the effect of a given dose of a drug in different persons.

The responsibilities of parents for character development of their children should be reviewed. Parental guidance in developing positive personality traits and a good self-concept should be explored. Discussions would include parental behavior and attitudes that may predispose adolescents to antisocial actions such as delinquency or drug abuse. This behavior includes: (a) overindulgence in relation to goods and services without regard to the child's needs, (b) directing and redirecting the child's activities without regard to the child's right to choose his own interests and activities, (c) capitulation to the child's demands, wishes, whims and temper, (d) belittling the child's person or accomplishments and downgrading his self-confidence and self-image, (e) trying to relive their adolescence through their children and unconsciously encouraging their children in actions that duplicate this adolescence, (f) expecting the child to fail or do wrong, and (g) having little time for the child and expressing little interest in, or awareness of, the child's needs at each stage of development.

In addition to the subjects outlined here, any family living course must include discussions of responsible sexuality. Such courses should stress that the development of healthy sexual identities and satisfying sexual relationships does not come from a pill, drink or a cigarette. Nor does it result from viewing natural traits or processes as evil or dirty. Productive sexual identification results from the acceptance of one's

physical and psychological beings as normal, natural and beautiful.

Discussions should stress that the expression of one's sexuality may take many forms without the specific act of sexual intercourse. Other aspects of sexuality to be presented are the capacities for tenderness, concern for another, the ability to know another person intimately and to share one's intimate feelings with another. Sexuality is a way of exhibiting an inner drive, a segment of the individual's personality and his ability to feel. As Allan Fromme states in *The Ability to Love*, sexuality entails using fully one's intimate senses (touch, taste, smell) as well as the distance senses (sight, sound). By becoming aware of *all* of his senses, a person can have an extended capacity for appreciating, expressing and enjoying all the ramifications of the emotion we call "love."

The sensuous expression of strong feelings is often more communicative than speech. A hand on the shoulder, a bear-hug, a kiss on the cheek, a light touch of a hand, or an arm around another person can be even more effective in proclaiming one's emotions. To quote Dr. Fromme, "The affection we feel is strongest when we act it out, when we use our body." Such a use of the body for seeking and expressing satisfaction to another is also a form of sexual expression.

Sexual intercourse may be used as an outlet for physiological and psychological energy. Unfortunately, the pent-up energies of depression, boredom, frustration or unresolved hostility may also be released during coitus. Sexual experience may thus be used as a tranquilizer, tension reliever or potent pain reliever. It may also be used in an attempt to obtain some security or to bolster personal esteem.

Discussions should include the fact that coitus may be used as a means of controlling, manipulating, exploiting or hurting others. There should be explorations into why people might use intercourse to demean or "put down" their partner. The discussions should also include how sex is used as a defense against others, a means of aggrandizing oneself or as a "dehumanized source of kicks."

The sensuous expression of strong feelings is often more communicative than speech

As has the incidence of drug abuse, the use of sexual encounters merely for the relief of tensions has been shown to increase during times of widespread cultural anxiety or rapid cultural change. Such sexual encounters and drug abuse may reach near epidemic proportions in certain areas or cultural subgroups. These encounters have been shown to occur more frequently when the dominant culture fails to provide available and reliable institutions wherein the person may achieve meaningful gratification.

Discussions should present sexual intercourse as the culmination of a total psychological and physical relationship. Coitus should be the sharing of an intensely pleasureable experience by two people who are capable of handling the emotions aroused and who are each interested in and concerned for the other as an individual in his own right. Sexual intercourse can thus be accepted as a clean, healthy, natural part of human nature and a natural source of pleasure. Coitus should be seen as significant only as part of a total relationship that includes mutual understanding, interest and companionship. As a part of an ongoing relationship, sexual intercourse should be accompanied by commitment to one another and to helping the other person grow.

Our culture must accept the premise that human sexuality has many aspects other than coitus. Our teaching must include responsible sexuality and sexual expressiveness, as well as non-coital sexual expression and sexual release.

V Conclusion

Man has long experimented with various substances in his search for insight into his own nature, for mystical and aesthetic experiences, or for escape from frustrations and tensions. The problems of drug misuse and abuse are the cause of much current controversy. Too often their solutions are approached with emotion rather than logic. The emotional approach usually emanates from ignorance or the feeling that "our" drugs are "good" (legal) and "their" drugs are "bad" (illegal). Such an approach is illogical as it ignores many of the facts regarding dangers inherent in the misuse of legal substances.

The best approach is to view the problem of drug abuse as resulting from personal inadequacies and not from some intrinsic property of the mood-altering drugs. Therefore, we need to examine the sources of environmental influences that are associated with mood-altering drug use, such as physicians, drug advertisements and peer groups. We should also examine the social, family and personal factors that make the person susceptible to inappropriate drug use. In addition, we should examine the available non-chemical alternatives that can produce mood alteration.

In teaching about drug misuse, certain admissions are required before our message will be fully received. We *must admit* that the scientific information we have about certain drugs is insufficient and, thus, will not allow us to draw sound conclusions about their relative safety or danger. However, we do know that *every* drug is

potentially toxic to certain individuals in normal doses, and to *all* individuals at certain dose levels and under certain circumstances.

To give a true education we must supply the learner with facts pro and con. We must guide him toward discerning and challenging statements based on personal bias, ignorance and fear. *We must admit* that many adults abuse legal, socially sanctioned and medicinal drugs because of personal inadequacies. However, the proper use of chemicals will continue to be beneficial for mankind. We *must admit* that our society appears to subscribe increasingly to the proposition that there is a chemical solution for any discomfort or tension. However, alternative ways of handling these unpleasant states are available to everyone.

In educational programs concerning human behavior we must remember that problems such as juvenile delinquency, sexual promiscuity and drug abuse are complex. Each one is deeply woven into the individual's personality and behavior. The self-concepts that produced these problems were acquired over a long period of time. Any programs for prevention or reversal of such behavior will be effective only if planned on a long-term basis. Therefore, we must have continued emphasis on developing sound self-concepts with discussions about personal image, interpersonal relations, handling success and failure and personal rights and responsibilities.

Through the approach outlined in this booklet, we hope to produce more understanding of the complex problems of drug abuse and drug dependence. Our major emphasis for prevention is through helping children develop to a healthy maturity, secure with their social, vocational, intellectual and sexual self-concepts.

Our hope is that the information presented will assist in the development of an approach to the prevention of drug abuse.

Appendix A

Who Are the Drug Abusers?

There are many current misconceptions about who the drug abusers are. They are not all young. Neither are they all long-hairs, nor are all long-hairs drug abusers. Drug abusers are physicians who recklessly prescribe stimulants, sedatives and tranquilizers rather than helping individuals learn to deal adequately with normal amounts of anxiety, frustration, depression and fatigue. Drug abusers are pharmaceutical companies who advertise their products to combat "the everyday problems of anxiety and tension."

Drug abusers are truck drivers who take amphetamines for long runs; they are workers who use amphetamines to stay awake for night shifts or a second job, students who use amphetamines to stay awake for studying.

Drug abusers are housewives who use amphetamines to give them the energy to complete everyday chores or allegedly to cut their appetite and enable them to lose weight. Drug abusers are those who take variable numbers of tranquilizers and sleeping pills daily. Drug abusers are parents who give tranquilizers and diet pills to their children without a physician's prescription.

Drug abusers are people who *must* have a martini with lunch or who *require* a drink after work. Drug abusers are "the hidden alcoholics"—the housewives who drink several times each day.

Drug abusers are persons who smoke one or more packs of cigarettes per day. They are persons who drink

ten to 16 cups of coffee or endlessly consume cola drinks each day. Drug abusers are persons who take 20 to 40 aspirin tablets daily strictly for a mood effect.

Drug abusers are children and adolescents who sniff glue, gasoline, thinners and solvents. They are young people who try spices, their parents' medicines, nitrous oxide or unknown tablets in search of a "high."

Drug abusers are high school and college students who continue to smoke pot or take LSD, mescaline and STP for alleged consciousness-expansion. Drug abusers are social dropouts who "shoot" heroin or amphetamines. They are businessmen, doctors, lawyers, etc., who daily take morphine or Demerol to avoid pain that may be real or imagined, social, vocational, physical or psychological.

Appendix B

Some Substances Used for Mood Alteration

Alcohol
Amphetamines
Amyl Nitrite
Anticholinergics
  Atropine, Belladonna
  Stramonium
Antifreeze
Antihistamines
Aspirin
Baby Wood Roses
Banana Peels
Barbiturates
Brass Cleaner
Bromides
  Miles Nervine
  Triple Bromide
Caffeine
Catnip
Cleaning Fluid
Cocaine
Cough Syrups
Darvon
DMT, DET, DPT, DOET
Ephedrine
Ergot Alkaloids
Ether
Food
Freon
Gasoline
Glue and Cements
Inhalers
  Dristan
  Wyamine
Insecticide Sprays
Laxatives
Lichens
LSD-25
Lighter Fluid
Marijuana, Hashish, THC
Methadone
"Mix-N-Match" *
Morning Glory Seeds
Mushrooms, Psilocybe
Nail Polish Remover
Nitrous Oxide
Opiates, Natural and Synthetic
PAM **
Peyote, Mescaline
Phencyclidine (Sernyl, PCP)
Sedatives ***
Sedatives (Non-Barbiturate)
  Doriden, Noludar
  Placidyl
Solvents, Thinners
Spices
  Nutmeg, Mace
  Oregano, Cinnamon
Stimulants, Non-Amphetamine
  Ritalin, Preludin
  Tenuate
"STP" (DOM)
Strychnine
Television
Tobacco
Tonics
Tranquilizers
  Miltown, Librium
  Valium
Tranquilizers ***
  Cope, Compoz
Vitamins
Yarrow Stalks

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* Mix-N-Match or "fruit salad"—large number of assorted pills taken by handful (fruit salad) or by combinations of size, shape or color.

** Vegetable oil spray for cook/ware

*** Over-the-counter, non-prescription items

Appendix C

Concepts and Definitions for Understanding

Essential to a basic understanding of the so-called drug problem are definitions of terms often used loosely.

A *drug* is any biologically active agent which when inhaled, ingested or injected alters the physical or psychological functioning of the individual. Too often the word "drug" has been used only to imply LSD, marijuana, amphetamines and narcotics.

Mind-altering drugs are those agents that primarily affect the central nervous system. These include various stimulants (nicotine, caffeine, cocaine, amphetamines), sedatives (alcohol, marijuana, barbiturates, tranquilizers), pain relievers (aspirin, narcotics) and mind-distorting agents (LSD, mescaline, marijuana).

Drug effect refers to any physical or emotional changes produced by a drug. In pharmacology, these changes are further separated into usual (desired, therapeutic) and adverse (undesirable) effects in relation to the amount and duration of drug use.

The modification of drug effects by physiological, social and environmental factors is considerable. These factors include: the age and sex of the individual; the person's background (genetic, family, social, educational), the person's physiological state (nutrition, hydration, rest), the person's psychological constitution, the person's set (attitudes, mood), the setting (location, other people present), expected drug effects, past and concurrent use

of other drugs, duration and frequency of use of the drug being taken, and the route and speed of administration (eaten, inhaled or injected).

Thus, one should ask if any effect observed is actually a result of the administration of the drug. Is the change observed a result, totally or partially, or a combination of non-drug factors? One example of the non-drug factor influence is the placebo effect seen in clinical medicine. Another is the "contact high" experienced by a person who smokes cigarettes and drinks water or carbonated beverages at a cocktail party, a marijuana party or LSD party. Another example is the group of "stoned" people who smoked alfalfa thinking it was marijuana.

Drug use refers to the use of any drug. Frequently, statements about drug use related to illegal or socially disapproved substances are intended to convey the impression that any and all use is abusive and produces an addiction to the drug. Simultaneous references to legal drugs seem to imply that all use is normal and nonabusive. This ignores the abusive and addictive uses of alcohol, tobacco, sleeping pills and tranquilizers. We must recognize that use of drugs, whether legal or illegal, ranges from one time or occasional use on one extreme to regular use on the other. Regular use does not imply daily use or the use of large or excessive quantities.

Drug abuse is variously defined as: (a) the use by self-administration of any drug in a manner that deviates from the accepted social and medical practices within a given community or society; (b) the habitual use by self-administration of any agent to the extent it interferes with the physical, psychological, vocational or social functioning of the individual; or, (c) the habitual use by self-administration of any agent for the sole purpose of altering the mood or the emotions of the user.

Psychological dependence refers to an emotional need to use periodically or chronically a drug to obtain pleasure or to avoid discomfort. The individual believes he is unable to get along in life without the agent. There is frequently the belief that the agent is an integral part of life. When the drug is unavailable the user may feel ill at

ease, anxious or irritable. At the same time, the individual may or may not be physically dependent on the drug.

To state that a certain drug produces psychological dependence is naive and simplistic because the individual's free choice in using the drug is ignored. Also ignored are: (a) the variable and overlapping degrees of use by dependent and non-dependent users, (b) the fact that dependent persons use the drug to fulfill some unmet psychological need or as a people substitute; and, (c) drugs may modify but do not compel a specific type of behavior as a consequence of their use. This does not deny that psychological changes produced by chronic drug use may increase the psychological dependency.

Psychological dependence may be developed toward any type of gratification behavior. The types of behavior associated with psychological dependence are sexual behavior, drug use (alcohol, tobacco, tranquilizers, marijuana), eating, physical risk-taking, delinquency and physical violence. Gratification behavior may comprise normal, socially acceptable ways to relax, relieve tension, increase the enjoyment of life, become involved in social situations or provide mechanisms to cope with problems. When utilized to excess or at inappropriate times, they are said to be abused. Abused forms of gratification behavior become health, social or legal problems. The important factor in abuse of any gratification behavior is the characteristic of the individual and not some intrinsic function of the agent (food, tobacco, alcohol, television, drugs, etc.).

Drug dependence is a state of periodic or chronic intoxication detrimental to the individual and to society, produced by the repeated consumption of a natural or synthetic drug. It consists of: (a) an overpowering desire to continue using the drug, (b) a tendency to increase the dose or the frequency of consumption; and, (c) a psychological, and sometimes physical, dependence on the drug's effects. The World Health Organization has substituted drug dependence of a certain type (opiate, alcohol, barbiturate) for what was called addiction.

Physical dependence is the development of an altered

physiological state that requires continued administration of a drug to prevent the appearance of a characteristic withdrawal or abstinence syndrome. The amount and frequency of drug use prior to development of tolerance and physical dependence is variable. Physical dependence may develop without simultaneous psychological dependence as in patients requiring large doses of analgesics for physical pain.

Hallucination is a false sensory perception occurring in the absence of an actual external stimulus, which may involve any of the senses. It may be induced by emotional and/or other factors such as drugs, alcohol, sleeplessness or stress. The person believes his perceptions to be real.

Hallucinogen is a hallucination-producing substance (see psychodysleptic).

Illusion is the misinterpretation of a real external sensory experience. Illusions may be due to intense emotions, ardent wishes, strong drives and impulses, or chemicals. The person quickly recognizes them as alterations of reality.

Pseudohallucination is a false sensory perception that the person recognizes as not originating in the external reality or as a marked alteration of a real perception. This is the main type of perception produced by LSD and similar drugs.

Psychedelic is a consciousness expanding, mind-manifesting agent. The term was originally coined to describe the effects of LSD.

Psychodysleptic is an agent that creates consciousness distortion, and disturbs conscious awareness. The perceptions of the individual are marked by pseudo-hallucinations and illusions. This word properly defines the effect of LSD, marijuana and mescaline.

These drugs alter the normal integrating and filtering mechanisms of the brain, thus affecting the emotional and intellectual responses to various external and internal stimuli. The alteration of filtering and integrating functions produces changes in the intensity, clarity, content, form,

function and relationships of the objects, sensations or concepts perceived.

So-called psychedelic insights may result from fixation on minor aspects of one's surroundings, or from the loss of personal boundaries and a sense of blending into the surroundings.

Psychosis is a major mental disorientation with a departure from normal patterns of thinking, feeling and acting. This condition is commonly characterized by a loss of contact with reality, distortion of perception (hallucinations), delusions of persecution, and regressive behavior.

Psychotogenic is an agent that produces a psychosis-like state.

Psychotomimetic is a reaction that mimics a psychosis.

Synesthesia is a secondary sensation accompanying an actual sensory perception. A stimulus of one type is perceived as a stimulation of a different sense. People listening to music report seeing lights move in response to the sound or seeing different colors when hearing different tones. Others report different colors have different sensations on touching them.

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